USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

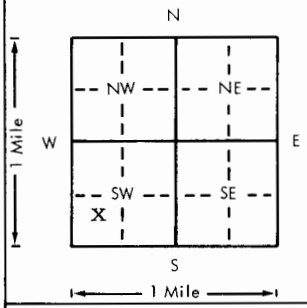
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Stafford	C 1/4 SW 1/4 SW 1/4	10	T 24 S	R 15 E/W

2. Distance and direction from nearest town or city:
½ mile north of Macksville, KS
Street address of well location if in city:

3. Owner of well: Clark Flying Service
R.R. or street: Fred & Jim Clark
City, state, zip code: Macksville, KS 67557

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 9 in. Completion date 10-31-78
Well depth 70 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Styrene Height Above or below
Threaded __ Welded X Surface 12 in.
RMP __ PVC __ Weight 1.5 lbs./ft.
Dia. 5 in. to 50 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. .200

5. Type and color of material	From	To
Top soil	0	3
Sandy clay & sandstone	3	16
Sandy clay	16	32
Sand	32	37
Brown clay & limestone	37	47
Sand & gravel	47	55
White & brown clay	55	59
Sand & gravel	59	68
Dakota clay	68	70
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jess & Lowell
Type Styrene 200 Dia. 5"
Slot or gauze 1/8 hole Length 20'
Set between 50 ft. and 70 ft.
ft. and ft.
Gravel pack? Yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
15'6" ft. below land surface Date 10-31-78

12. Pumping level below land surfaces: N/C
ft. after hrs. pumping g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: FIELD
ft. Direction Type
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name
Model number HP Volts
Length of drop pipe ft. capacity g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks:
Holding for pump installation - no pump installed as of this date.

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Clarke Well & Eq., Inc. 185
Business name License No.
Address Great Bend, KS 67530
Signed D W Clark Date 3/15/79
Authorized representative

T 24 R 15 E/W Sec 10 SW 1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MT-1023